10/590651 IAP9 Rec'd PCT/PTO 25 AUG 2006

APPLICATION DATA SHEET

| Application Information | |
|----------------------------------|--|
| Application Number:: | |
| Filing Date:: | |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Number of Copies of CRF:: | |
| Title:: | MEANS FOR A QUANTITATIVE DETECTION OF CYTOCHROME C |
| Attorney Docket Number:: | 1032475-000019 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 4 |
| Small Entity?:: | No |
| Latin Name:: | |

| Latin Name:: | |
|----------------------------------|------------------|
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| | |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | France |
| Status:: | Full Capacity |
| Given Name:: | Ludwig |
| Middle Name:: | |
| Family Name:: | BAUX |
| Name Suffix:: | |
| City of Residence:: | Paris |
| State or Province of Residence:: | |
| Country of Residence:: | France |
| Street of Mailing Address:: | 98, Rue de Javel |
| City of Mailing Address:: | Paris |
| State or Province of Mailing | |

Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing F-75015 Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Pierre

Middle Name::

ż

Family Name:: RUSTIN

Name Suffix::

City of Residence: Paris

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 75, Boulevard Soult

City of Mailing Address:: Paris

State or Province of Mailing

Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing F-75012

Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: 703 836 6620

Fax Number: 703 836 2021

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Representative Information

V

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This Application National Stage of PCT/EP05/002577 02/24/05

PCT/EP05/002577 Claiming benefit under 35 60/547,564 02/26/04

USC 119(e)

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority

Claimed::

Assignee Information

Assignee Name:: THERAPTOSIS S.A.

Street of Mailing Address:: Pasteur Biotop, 25, Rue du Dr. Roux

City of Mailing Address:

Paris

State or Province of Mailing

Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing F-75015

Address::